



SECTION 6:

SITE PLANS

- Site Plan Package Information
- Flow Chart: Site Plan Process
- Site Plan Package Application (Commercial & Multi-family Residential) & Land Disturbance Permit Application
- Site Plan Package Checklist
- Site Plan Package Application (Townhomes)



SITE PLAN PACKAGE

Introduction

A site plan package is an accurately scaled development plan set that illustrates the details of proposed development and existing conditions on a parcel of land.

Site plans are required for all non-single-family residential developments in the City and the extra-territorial jurisdiction (ETJ). Site plans shall be submitted for review and approval prior to the issuance of applicable building or slab permits. The purpose of the site plan is to allow the staff to review issues such as traffic, land use, environmental, conformance to the Comprehensive Plan, utilities, and the property's relationship to adjoining subdivision or properties.

Prior to an approval of a site plan package, the property must have a Recorded Plat with the property lines in the appropriate configuration for the proposed development. Staff may review a site plan package if a plat is submitted and "in-process". Once the plat is recorded and comments on the site plan package are addressed, the site plan package can be approved by the City.

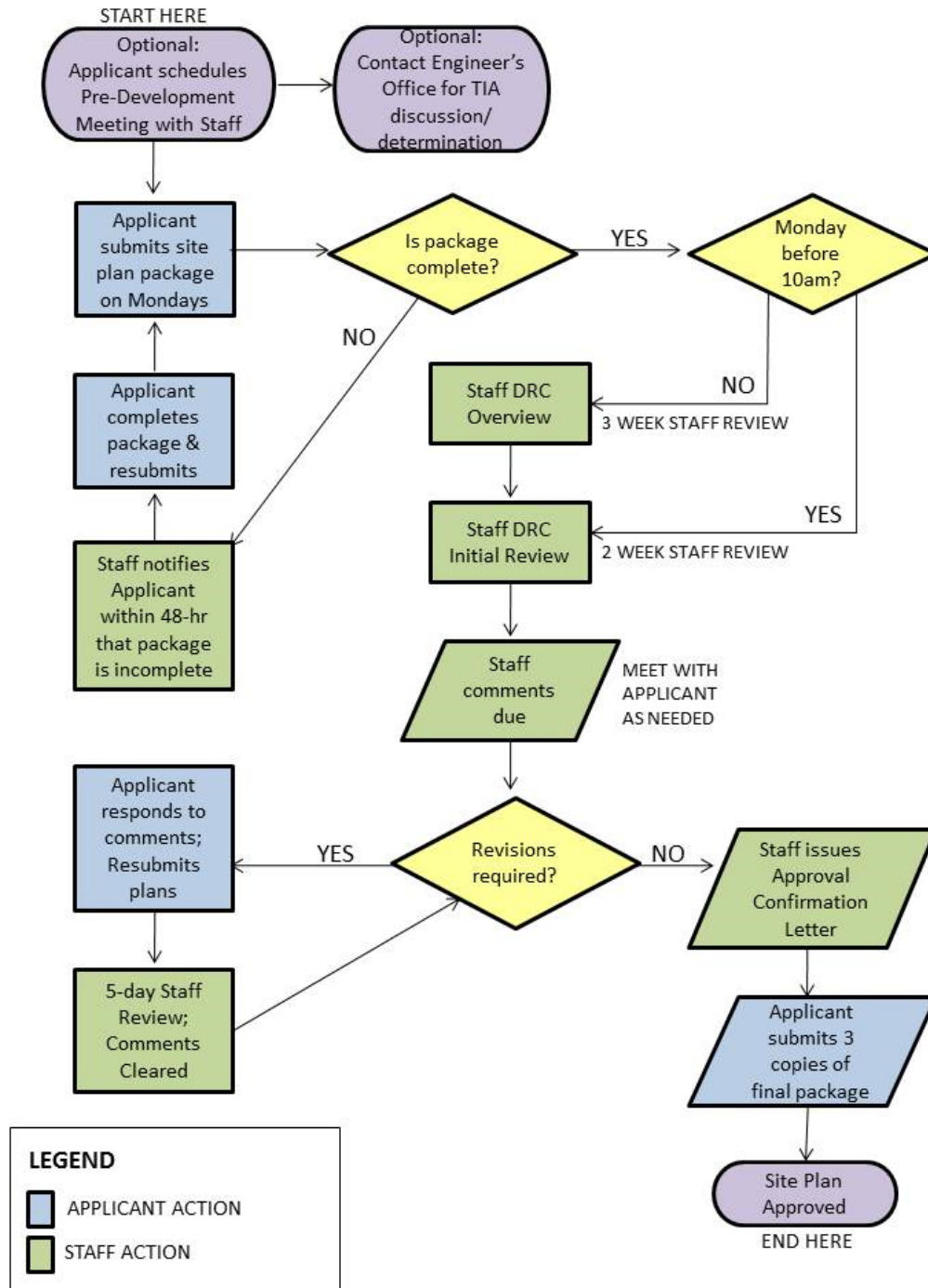
Review Process

When submitted, site plan packages are routed to the Development Review Committee (DRC), consisting of Engineering, Planning, Public Works and Fire Dept. Staff review takes approximately 10-15 business days. Review time may change depending on the site. Staff comments are returned to the applicant usually on the Friday of the third week from the submittal date. Applicants then resubmit a corrected site plan package to the City. Staff reviews (clears) corrected site plan package. If all comments have not been addressed, the applicant will be notified to make corrections and resubmit the site plan package. Three (3) clean sets of copies with recorded plat sheets are needed for City approval. One approved copy will be returned to the applicant. Once the site plan package is approved, the applicant may proceed with the building permit process through the Building Permits and Inspections Department 281-275-2270.



FLOW CHART: SITE PLAN PROCESS

REVIEW AND APPROVAL PROCESS





**SITE PLAN PACKAGE
APPLICATION (COMMERCIAL &
MULTI-FAMILY RESIDENTIAL)**

FOR OFFICE USE
(Rev. 1/1/17)
Accounting Code: SI
2017 Fee: \$619.00

Fee Required _____

Case No. _____ - _____

**Return Your Submittal Monday from 8am- 3pm To Development Planning (Attn: Development Review Coordinator)
Sugar Land City Hall, 2700 Town Center Blvd. North, Sugar Land, TX 77479, Phone#: (281) 275-2218**

Commercial & Multi-family Residential Site Plan Package Submittal Requirements

- **Six** (6) copies of the completed application
- Submittal Fee
- Land Disturbance Permit Application and Fee: \$101.25 (if Property is Greater than one (1) acre)
- **Six** (6) 24 X 36 Site Plan Packages That **Include**:
 - ☐ Cover Sheet
 - ☐ Overall Site Plan
 - ☐ Recorded Plat Or copy of Plat In Review Process
 - ☐ Building Elevations
 - ☐ Paving and Drainage Engineered Civil Designs
 - ☐ Water, Stormwater and Sanitary Sewer Engineered Civil Designs
 - ☐ City of Sugar Land Engineering Standard Construction Detail Drawings
 - ☐ Landscaping Plan, Irrigation Plan, & Tree Survey
 - ☐ Photometric Plan for Exterior Lighting
 - ☐ Storm Water Pollution Prevention Plan (SWPPP), in accordance with Texas Commission of Environmental Quality (TCEQ) Standards
- PDF copy of Site Plan Submittal
- Three (3) Copy of Each of the Following:
 - ☐ Notification Letter to Applicable Property Owners' Association
 - ☐ No objection/ approval letters from Applicable:
 - Municipal Utility District
 - Levee Improvement District
 - Fort Bend County Engineer's Office (if the site is in the ETJ)
 - ☐ New Commercial Water Meter Connection
 - ☐ Traffic Impact Analysis (TIA) Threshold Worksheet
 - ☐ Pretreatment Questionnaire (Industrial Commercial Land Use)

ALL FIELDS MUST BE COMPLETED.

PROJECT NAME _____

Project Location: ☐ City Limits (Zoning: _____) ☐ ETJ

Address/ Description of Location _____

Proposed Use _____

Property Acreage _____ **Square Feet of Structure(s)** _____

CONTACT INFORMATION

Project Representative: ☐ Architect ☐ Engineer ☐ Other: _____

Contact Person _____

Company _____

Phone _____ Email _____

This project ☐ DOES ☐ DOES NOT lie within the authority of a HOA/POA

If it does, you must provide a copy of notification letter sent to the HOA/POA

If it does not, your signature below will certify that no HOA/POA authority exists on the property.

This is to certify that the information on this form is COMPLETE, TRUE and CORRECT and the undersigned is authorized to make this application. I understand that this application will expire one year from the date of submittal if the Planning Department has not received a revised submittal.

X _____
Project Representative's Signature _____ Date _____

Property Owner (Please Note - the current Property Owner's Information Must be provided):

Name _____

Company _____

Phone _____ Email _____

Property Owner's Authorization (May be submitted under separate cover on company letterhead):

I am the owner of the property for which this Site Plan application is being made. I authorize

(Project Representative) to submit this application and to correspond with the City of Sugar Land regarding this application on my behalf.

X _____
Property Owner's Signature (Required) _____ Date _____

Please provide contact information for additional project contacts, as applicable (Optional):

Additional Contact: ☐ Architect ☐ Engineer ☐ Other: _____

Contact Person _____

Company _____

Phone _____ Email _____

DETAILED USE INFORMATION FOR ZONING USE VERIFICATION (IN CITY-ONLY) FOR NON-RESIDENTIAL: (Attach additional correspondence if necessary)

Describe use and proposed operational activities at site in detail. If Site Plan is for spec. office or commercial shell building to be built out in future describe proposed range of business operations anticipated. Note- For uses with any assembly or manufacturing, provide detailed break-down of activities within specific areas of building/ buildings:

Please note any required State or Federal Licenses or Certifications required to conduct the use at this site or State or Federal agencies to report to based on activities at this site. (ex. Texas Dept. of Licensing & Regulation TDLR, Texas Commission on Environmental Quality TCEQ, Dept. of Transportation DOT, Environmental Protection Agency EPA). Note- Licenses do not have to be obtained yet, but should be described / listed:

Please note any materials or chemicals classified as hazardous that are anticipated to be utilized and stored on-site. Please note that this would include materials and/or chemicals that are corrosive, radioactive, flammable, or explosive::



FOR OFFICE USE
(Rev. 1/1/17)
Accounting Code: LDP
2017 Fee: \$101.25
***Fee Required* _____**
***Case No.* _____ - _____**

[illegible]



CITY OF SUGAR LAND

LAND DISTURBANCE PERMIT

SUBMITTAL REQUIREMENTS:

- **TWO (2)** Completed Permits
- **SUBMITTAL FEES:**
 - City –\$101.25
- **THREE (3) 24 X 36 PRINTS THAT INCLUDE:**
 - Engineering Civil design drawings (must be signed & sealed by a Professional Engineer) Including Plat/Site Plan, Grading, Drainage and Erosion Control Plan.
 - One copy of TCEQ Construction General Permit.
- One copy of TCEQ Construction Site Notice.
- Permit applies to the following sites:
 - a. One acre or more of land
 - b. Less than one acre of land that is part of a larger common plan of development or sale that will result in disturbance of one or more acres.
- No land disturbance activities shall begin until a pre-construction meeting has been conducted with the Engineering Department.
- All works performed within City right-of –way (ROW) shall obtain a ROW Permit issued from the Public Works Department.
- This permit and accompanying construction plans shall remain at the job site at all times.
- Applicant agrees that dirt, mud, debris, materials, etc., deposited in the street right-of-way shall be cleaned/removed to the satisfaction of the City Engineer or his/her designee on a regular basis or as needed.
- Owner acknowledges that a maintenance plan will be developed for post-construction storm water controls and that maintenance will be conducted accordingly. A copy of the Fort Bend County recorded maintenance plan and documentation of maintenance activities will be available upon request and maintained on the property at all times For more information please see document *Post-Construction Storm Water Site Management Acknowledgment and Inspection Form*.

By signing below, I (the Owner) acknowledge and agree that the work as described herein shall conform to all local, state and federal laws as well as local ordinances whether specified or not. The granting of this permit does not give authority to violate or cancel the provisions of any site or local law regulating the type of work being performed.

X _____

Signature of Owner

Date

Printed Name: _____

Phone _____

Office Use:

Circle One

Approved / Denied

By:

Signature

Title

Printed Name: _____

Site Name/Address:_____

TPDES Permit Number:_____

Date:_____

POND FACILITIES

- Y N NE 21. Landscaping Maintenance?
Y N NE 22. Removal of Sedimentation?
Y N NE 23. Removal of Debris?
Y N NE 24. Repair Side Slopes/Erosion?
Y N NE 25. Repair Rip-Rap Protection?
Y N NE 26. Repair Control Structure?
Y N NE 27. Cleaning of Outfall?
Y N NE 28. Cleaning of Spillway?
Y N NE 29. Removal of Floatable Debris?
Y N NE 30. Maintenance of Inlets?
Y N NE 31. Maintenance of Outlets?
Y N NE 32. Maintenance of Pumps and Electrical Equipment?
Y N NE 33. Maintenance of Dams, Berms, and Levees?

Comments:

Summary of Actions:

ALL DEFICIENCIES AND NON-COMPLIANCE ITEMS MUST BE CORRECTED WITHIN 90 DAYS OF REPORT DATE.

INSPECTOR'S PRINTED NAME/DATE

INSPECTOR SIGNATURE of LICENSED
PROFESSIONAL ENGINEER

LICENSED PROFESSIONAL ENGINEER STAMP

CONTACT INFORMATION:

City of Sugar Land
Environmental Manager
Environmental and Neighborhood Services
(Email) stormwater@sugarlandtx.gov
P.O. Box 110
Sugar Land, TX 77487-0110
(281) 275-2450 (Main) (281) 275-2465 (Fax)

FOR OFFICE USE ONLY

Date Received:_____

Reviewed by:_____

Status:_____



POST-CONSTRUCTION STORM WATER SITE MANAGEMENT ACKNOWLEDGEMENT AND INSPECTION (Page 1)

1. PURPOSE

- a. Owner/Operator must perform adequate maintenance to ensure the proper intended operation of different structural or non-structural control measures. Ordinance 2037, passed on 12/01/15, states that any site that is developed or redeveloped and disturbs one acre or more is required to develop and implement a maintenance plan that addresses post-construction maintenance requirements for any structural or non-structural control measures installed on site.
- b. Develop standard procedures for completing annual post-construction inspections of storm water properties to ensure that the Post-Construction Storm Water Maintenance Plan is followed and pollutants are contained and managed. Annual is defined as calendar year.
- c. Maintain log of post-construction maintenance and inspections of different structural or non-structural control measures performed on behalf of the property owner who disturbs one acre or more, or that disturb less than one acre that are part of a larger common plan of development or sale. Maintain records for five years and must be readily available for inspection.

2. SUBMISSION OF POST-CONSTRUCTION MAINTENANCE PLAN

The Maintenance Plan must be submitted to Permits and approved by the City of Sugar Land Environmental Manager on or before the date that:

- a. The City issues a certificate of occupancy, required as part of the development or redevelopment of the site, or, b. Substantial completion of the new development or redevelopment of the site if no certificate of occupancy is required as part of the development or redevelopment of the site.
- c. Maintenance plan, once approved, must be filed and recorded by the Owner or Operator in the real property records of Fort Bend County.
- d. A copy of the Fort Bend County recorded Post-Construction Maintenance Plan must be on the property at all times.

3. POST-CONSTRUCTION INSPECTION

Must be completed by a licensed professional engineer registered in the State of Texas.

- a. Conduct annual post-construction inspections and submit inspection form and if applicable, supporting documents and photographs, of Post-Construction Inspection to the City of Sugar Land Environmental Manager via email stormwater@sugarlandtx.gov.
- b. Annual post-construction inspections reports are due by January 30th every year.
- c. A licensed professional engineer registered in the State of Texas is responsible for performing post-construction inspections and documentation.
- d. Evaluate the site and document inspection findings using the Post-Construction Inspection Form.
- e. Communicate with owner/manager regarding any noncompliance items.
- f. Deficiencies must be addressed within 90 days or are subject to a fine not more than \$2,000 for each offense per day.



POST-CONSTRUCTION STORM WATER SITE MANAGEMENT ACKNOWLEDGEMENT AND INSPECTION (Page 2)

By signing below, I (the Owner) acknowledge and agree that the work as described herein shall conform to all local, state and federal laws as well as local ordinances whether specified or not. The granting of this permit does not give authority to violate or cancel the provisions of any site or local law regulating the type of work being performed.

X _____
SIGNATURE OF OWNER DATE

Printed Name: _____ Phone: _____

TPDES Construction Permit Number: _____

Address of Property: _____

Owner's Mailing Address: _____

Email Address: _____

CONTACT INFORMATION:

City of Sugar Land
Environmental Manager
Environmental and Neighborhood Services

P.O Box 110
Sugar Land, TX 77487-0110
(Main) (281) 275-2450 (Fax) (281) 275-2465
(Email) stormwater@sugarlandtx.gov

City of Sugar Land- Application for New Meter Utility Service:

Please Print

Application is required prior to tapping the city water main. Monthly billing will commence upon meter installation. Please complete and deliver this form along with appropriate fee (see attached fee price list) to City of Sugar Land Treasury Management Department, 2700 Town Center Blvd North, Sugar Land, TX 77479 during business hours (M-F 8am – 5pm).

Type of Facility: _____ Residential OR _____ Commercial

(Check One)

Meter to be used for: _____ Irrigation only OR _____ Facility/Building

(Check One)

Project (if applicable): _____

Service Address: _____

Subdivision: _____

Legal Description: _____

Meter Size: _____ Sewer Line Size: 4" _____ 6" _____ 8" _____

(Check One)

Applicant Name: _____ Phone: _____ Alternate Phone: _____

Mailing Address: _____

City: _____ Zip Code: _____

Contact Person: _____

Email address: _____

For residents only: ☐ I request that my personal utility account information be kept confidential.

I understand that a \$50 deposit for residential meters, \$70 deposit for commercial meters, or a \$100 deposit for landscape meters will be billed to my account unless a letter of reference is provided at the time of application. Letter of reference must be from another utility company and indicate no outstanding balance and no disconnections for non-payment during the last 12 consecutive billing cycles.

Signature: _____

Date: _____

Field Crew: Please provide the following information when the meter is connected to the main:

Meter Make: _____

Meter Size: _____

Meter Number: _____

Meter Reading: _____

Date: _____

Treasury Management Department Receipt

	Building Meter Amount Paid (If applicable)	Irrigation Meter Amount Paid (if applicable)	
Meter Set:	_____	_____	Address: _____
Meter Tap:	_____	_____	Account #: _____
Sewer Tap:	_____	_____	Customer: _____
Total Paid:	_____	_____	Rec'd by: _____ Date: _____



INDUSTRIAL PRETREATMENT QUESTIONNAIRE

PLEASE COMPLETE THIS FORM AND RETURN TO:

Public Works
City of Sugar Land
P.O. Box 110
Sugar Land, TX 77487-0110

Please answer the following:

1. Name of Business: _____ Telephone: _____
 2. Location: _____
Mailing Address: _____
 3. Owner: _____
 4. Type of Business: _____
 5. On-site processes: _____
 6. Water Customer Account Number: _____
 7. Federal SIC number: _____
 8. Waste process: _____
 9. Major Chemicals Used: (soaps, detergents, caustics, solvents, acids, metal salts, cyanides)

 10. Water Source (check): City _____ Metered _____ Private Well _____ Unmetered _____
 11. Method of Wastewater Disposal: (Check all that apply.)
City Sewer _____ Septic Tank _____ Haul _____ Other _____
 12. Wastewater estimated to be discharged in sewer system on operating days:
Maximum _____ GPD Minimum _____ GPD Average _____ GPD
Check One: Domestic _____ Industrial _____ Both _____
 13. Volume of Grease Trap: _____ Volume of Sand Trap: _____
Water Volume of Settling Tank: _____ gallons
- Other: (Describe) _____
- Serviced By: _____ Telephone: _____

Address:_____ Frequency:_____

14.

Other Wastes:

Are there any liquid wastes generated and disposed of in the sewer system? Yes____ No____

If yes, these wastes may be best described as:

_____ Inks/Dyes	_____ Paints
_____ Trace Metals	_____ Pesticides
_____ Oil and Grease	_____ Plating Wastes
_____ Organic Compounds	_____ Solvent Thinners
_____ Acids or Alkalies	_____ Pretreatment Sludge
_____ Other Wastes: (Describe)	

Are there any liquid wastes or sludge disposed of by other means? Yes____ No____

If yes, describe:_____

For the aforesaid wastes, does your company practice:

_____ On-Site Storage

_____ On-Site Disposal

_____ Off-Site Disposal

Services By:_____ Telephone:_____

Address:_____ Frequency:_____

I have personally examined and I am familiar with the information submitted in this document and attachments. Based upon by inquiry of those individuals immediately responsible for obtaining the information reported herein, I believe that the submitted information is true, accurate and complete.

Signature of Official:_____

Please Print Name: _____

Title:_____

Date:_____



WATER AND WASTEWATER EQUIVALENT CONNECTIONS

Project Name:		
Address:		City, State, Zip:
Legal Description:		
Previous/Current Use:	Proposed Use: <i>(Refer to the backside for this form)</i>	Unit of Measure:
Owner's Name:	Address:	City, State, Zip:
Owner's Contact Person:	Telephone: E-mail Address:	Fax:
Builder's Name:	Address:	City, State, Zip:
Builder's Contact Person:	Telephone: E-mail Address:	Fax:
Square Footage	SANITARY SEWER Lead Size	Water Meter Size (Inches)

I HEREBY CERTIFY THAT THE DATA PRESENTED ABOVE IS COMPLETE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.

_____ Printed Name	_____ Owner, Builder or Agent (Signature)	_____ Telephone	_____ Date
-----------------------	--	--------------------	---------------

DEPARTMENT USE ONLY (DO NOT WRITE BELOW THIS LINE)

SERVICE AREA NO.: _____

TOTAL FLOW _____
DIVIDED BY 315 GPD = _____ TOTAL EQUIVALENT CONNECTIONS
COMPUTED BY: _____ DATE: _____

cc: Revenue Officer (Original)
Owner/Builder
Engineering Department

STANDARD SANITARY SEWER USAGE CATEGORIES

Circle the item that most accurately defines your business and fill in the quantity

	<u>INTENDED/PREVIOUS USE:</u>	<u>UNIT OF MEASURE</u>		<u>INTENDED/PREVIOUS USE:</u>	<u>UNIT OF MEASURE</u>
A)	Residential Development			Cleaning Development (con't)	
	1. Single Family Residential	# of Units	_____	reclaim (wand type)	# Bays
	2. Townhouse/Patio/Cluster Homes	# of Units	_____	c. Commercial w/o reclaim	# of Bays
	3. Duplex/Triplex	# of Units	_____	(tunnel type)	_____
	4. Fourplex	# of Units	_____	d. Commercial w/ reclaim	# of Bays
	5. Condominium	# of Units	_____	(tunnel type)	_____
	6. Apartment with Washer/Dryer	# of Units	_____		
B)	Institutional Development			G) Recreational Development	
	1. Church			1. Theater Indoor	# of Seats
	a. Sanctuary	# of Seats	_____	2. Skating Rink	# Capita
	b. Administration Building	# Personnel	_____	3. Bowling Alley	# of Lanes
	c. Day School Classroom	# Students	_____	4. Swimming Pool	# of Swimmers
	2. School			5. Stadium	# of Seats
	a. Unspecified	# Students	_____	6. Health Club/Spa w/Swimming Pool	# Member/Day
	b. Elementary	# Students	_____	and/or whirlpool	_____
	c. Day Care Center	# Students	_____	7. Health Club/Spa w/o	# Member/Day
	d. Residential	# Students	_____	Swimming Pool and/or whirlpool	_____
	e. Dormitory	# Students	_____	8. Racquetball Club	# of Courts
	3. Hospital	# of Beds	_____	H) Service Station Development	
	4. Nursing Home	# of Beds	_____	1. Station w/service (maximum of	# of Islands
	5. Prison	# Inmates	_____	1000 GPD if no car wash)	_____
C)	Office/Retail Development			2. Self Service Station	#Sq. Ft.
	1. Office Building	# Sq. Ft.	_____	I) Hotel/Motel Development	
	2. Retail Store	# Sq. Ft.	_____	1. Hotel/Motel (excluding restaurant)	# of Rooms
D)	Restaurant Development			2. Hotel/Motel (w/kitchenettes)	# of Rooms
	1. Average Full Service 10-12 Hours	# of Seats	_____	J) Industrial Development	
	2. Twenty Four (24) Hour Full Service	# of Seats	_____	1. Warehouse	# Sq. Ft.
	3. Tavern or Lounge (No Food Service)	# of Seats	_____	2. Factory w/shower	# Capita
	4. Soda Fountain (Ice Cream Parlor)	# of Seats	_____	3. Factory w/o shower	# Capita
	5. Fast Food Paper Plate Service	# of Seats	_____	4. Factory Residential	# Capita
	6. Bakery	# Sq. Ft.	_____	5. Industrial Laundry	# Capita
	7. Pizza Parlor	# of Seats	_____	6. Clothes or Manufacturing	# Sq. Ft.
	8. Fast Food (No Seating)	# Sq. Ft.	_____	K) Transportation Terminal Development	
E)	Barber/Beauty Shop	# Shampoo Bowls	_____	1. Transportation Terminal	# Passenger
F)	Cleaning Development			(excluding restaurants)	_____
	1. Washeteria (Based on 50 G/Wash and			L) Other	
	10Washes/day)	# Machines	_____	1. Film Processor	# Processor
	2. Carwash			2. Fire Station	# Personnel
	a. Individual Bay, self service			3. Funeral Homes	# Personnel
	w/o reclaim (wand type)	# Bays	_____	4. Technicolor One Hour Photo	# of Stores
	b. Individual Bay, self-service with			5. Irrigation	gal/yr
				M) Not listed - call (281) 275-2780	

City of Sugar Land
Traffic Impact Analysis (TIA) Threshold Worksheet

Complete this form as an aid to determine if your project requires a Traffic Impact Analysis.

Project Name: _____

Location: _____

Applicant/Contact: _____

Contact Phone Number: _____ Contact Email: _____

Application Type (check one):

_____ Zoning (CUP/PD) _____ Site Plan _____ Plat _____ Other: _____

Anticipated Land Use	Units*	ITE Code	ITE Trip Rates / Trips Generated			
			Daily Total	AM Peak Hour	PM Peak Hour	Weekend Peak Hour
			/	/	/	/
			/	/	/	/
			/	/	/	/

* Units should be based on what is used for the trip generation rate (ie. Gross Floor Area, Acreage, etc), be sure to specify in the box.

All Trips generated should be based on the latest edition of the ITE Trip Generation Manual.

All thresholds to determine when a TIA is necessary are contained in the City of Sugar Land's **Traffic Impact Analysis Guidelines** which is available on the City website www.sugarlandtx.gov. Go to the Engineering Department then click on Design Standards.

Applicant's Signature: _____

Date: _____



Site Plan Package Checklist

Site Name/ Title:	Planner:
Date submitted:	
<input type="checkbox"/> In COSL Zoning District:	<input type="checkbox"/> In ETJ*

Submittal Requirements –Site Plan Package to include the following drawings in readable grade of blue or black ink. *Note some of the Civil Drawings may be combined:*

- Submittal Fee
- **Six (6) 24 X 36 Site Plan Packages That Include:**
 - ☐ Cover Sheet
 - ☐ Overall Site Plan
 - ☐ Recorded Plat Or Copy of Plat In Review Process
 - ☐ Building Elevations
 - ☐ Paving and Drainage Engineered Civil Designs
 - ☐ Water and Sanitary Sewer Engineered Civil Designs
 - ☐ City of Sugar Land Engineering Standard Construction Detail Drawings
 - ☐ Landscaping Plan, Irrigation Plan, & Tree Survey
 - ☐ Photometric Plan
 - ☐ Storm Water Pollution Prevention Plan (SWPPP), in accordance with Texas Commission of Environmental Quality (TCEQ) Standards
- PDF copy of Site Plan submittal
- Three (3) Copy of Each of the Following:
 - ☐ Notification Letter to Applicable Property Owners' Association
 - ☐ No objection/ approval letters from Applicable:
 - Municipal Utility District
 - Levee Improvement District
 - ☐ New Commercial Water Meter Connection
 - ☐ Traffic Impact Analysis (TIA) Threshold Worksheet
 - ☐ Pretreatment Questionnaire (Industrial Commercial Land Use)
 - ☐ Water And Wastewater Equivalent Connections
 - ☐ Land Disturbance Permit Application (if Property is Greater than one (1) Acre)

Graphic Requirements – The following items shall be shown on the Site Plan Package:

Complete	Items Required on Site Plan Package																					
1.	<input type="checkbox"/>	All information provided is legible and easily read																				
2.	<input type="checkbox"/>	COVER SHEET:																				
	<input type="checkbox"/>	Vicinity Map—upper right hand corner																				
	<input type="checkbox"/>	Name and address of project (address required prior to site plan approval)																				
	<input type="checkbox"/>	Sheet Index (List only those sheets included in site plan package)																				
	<input type="checkbox"/>	Title Block (each sheet) containing: scale, date, and project name																				
	<input type="checkbox"/>	Owners and Applicants name, address, phone number																				
3.	<input type="checkbox"/>	OVERALL SITE PLAN:																				
	<input type="checkbox"/>	North arrow oriented to the right or top sheet																				
	<input type="checkbox"/>	Drawn to scale																				
	<input type="checkbox"/>	Proposed and existing structures to be shown																				
	<input type="checkbox"/>	Property lines and land uses within 200'																				
	<input type="checkbox"/>	Entire platted lot																				
	<input type="checkbox"/>	Street layout including driveways, medians and median breaks within 200 feet of site, including those on the opposite side of the street																				
	<input type="checkbox"/>	Proposed land use at site and use compliance with (City) zoning or (ETJ) general land plans																				
	<input type="checkbox"/>	Existing information recorded by Fort Bend County including easements and building lines																				
	<input type="checkbox"/>	Zoning designation if within City Limits																				
	<input type="checkbox"/>	Lot area (acres, square feet) and building area (square feet)																				
	<input type="checkbox"/>	Accessory structures or storage areas (if applicable)																				
	<input type="checkbox"/>	Building Setbacks: (setbacks greater adjacent to residential districts or use)																				
		<table border="1"> <tr> <td>Front Side</td> <td>Interior Sides</td> </tr> <tr> <td>Street Side</td> <td>Rear Front</td> </tr> </table>	Front Side	Interior Sides	Street Side	Rear Front																
Front Side	Interior Sides																					
Street Side	Rear Front																					
	<input type="checkbox"/>	Parking Layout:																				
	<input type="checkbox"/>	Minimum Dimensions (typical space)																				
	<input type="checkbox"/>	Width for drives including maneuvering areas																				
	<input type="checkbox"/>	Minimum setback for parallel driving aisles at major/minor drives																				
	<input type="checkbox"/>	Number of parking spaces																				
	<input type="checkbox"/>	Number of handicapped spaces																				
	<input type="checkbox"/>	Parking Analysis: Parking ratio/ sq. ft.-required vs. provided. See example below: <div style="border: 1px solid black; padding: 5px; margin: 10px 0;"> <p style="text-align: center; margin: 0;">EXAMPLE OF PARKING ANALYSIS</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="4" style="text-align: center;">PARKING CALCULATIONS BY BUILDING AREA</th> </tr> <tr> <th style="text-align: center;">LEVEL</th> <th style="text-align: center;">GROSS AREA</th> <th style="text-align: center;">EXEMPT AREA</th> <th style="text-align: center;">INCLUDED AREA</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">FIRST FLOOR</td> <td style="text-align: center;">9535 SF</td> <td style="text-align: center;">2272 SF</td> <td style="text-align: center;">7253 SF</td> </tr> <tr> <td style="text-align: center;">SECOND FLOOR</td> <td style="text-align: center;">9543 SF</td> <td style="text-align: center;">1660 SF</td> <td style="text-align: center;">7883 SF</td> </tr> <tr> <td colspan="3" style="text-align: center;">TOTAL INCLUDED AREA</td> <td style="text-align: center;">15136 SF</td> </tr> </tbody> </table> <p style="font-size: small; margin-top: 5px;">CITY OF SUGAR LAND PARKING REQUIREMENT OFFICE BUILDINGS: 1 SPACE/ 250 SF</p> <p style="font-size: small; margin-top: 5px;">15136 SF/ 250 SF = 60.5 SPACES REQUIRED</p> <p style="font-size: small; margin-top: 5px;">61 SPACES PROVIDED</p> </div> <p>(See the Development Code for possible parking exemptions.)</p>	PARKING CALCULATIONS BY BUILDING AREA				LEVEL	GROSS AREA	EXEMPT AREA	INCLUDED AREA	FIRST FLOOR	9535 SF	2272 SF	7253 SF	SECOND FLOOR	9543 SF	1660 SF	7883 SF	TOTAL INCLUDED AREA			15136 SF
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	<input type="checkbox"/>	Parking setbacks: (Setbacks greater adjacent to residential districts or uses)				
		<table border="1"> <tr> <td>Front Side</td> <td>Interior Sides</td> </tr> <tr> <td>Street Side</td> <td>Rear Front</td> </tr> </table>	Front Side	Interior Sides	Street Side	Rear Front
Front Side	Interior Sides					
Street Side	Rear Front					
	<input type="checkbox"/>	Vehicle Routes shown with arrows (If applicable) Ex. Drive thru routes-Vehicle				
	<input type="checkbox"/>	Delivery Truck circulation routes shown and dimensioned (If applicable)				
	<input type="checkbox"/>	Adequate number of loading spaces per Development Code				
	<input type="checkbox"/>	Sidewalks and Driveways: (Sidewalks and driveways clearly labeled and dimensioned)				
	<input type="checkbox"/>	Bicycle Parking: A minimum of 2 spaces provided. <ul style="list-style-type: none"> <input type="checkbox"/> Townhomes/Multi-family: bicycle parking spaces must be 2.5% of the required automobile parking spaces, but no more than 14 spaces shall be required. <input type="checkbox"/> Non-residential uses: other than Health Care Facilities, the required minimum number of bicycle parking spaces is based on the automobile parking spaces required. <input type="checkbox"/> Health Care Facilities including hospitals, nursing homes, and assisted living facilities: shall be calculated at 2.5% of the required employee automobile parking, up to a maximum of 30 required spaces. 				
	<input type="checkbox"/>	Bicycle Parking Location: <ul style="list-style-type: none"> <input type="checkbox"/> Placed in visible locations near a Building's primary entrance. <input type="checkbox"/> If the development includes multiple buildings or facilities, bicycle parking shall be distributed to maximize convenience and use. <input type="checkbox"/> For townhome uses, bicycle parking shall be provided in a common area near the Dwelling Units and, where possible, located adjacent to guest parking spaces. <input type="checkbox"/> See Development Code for rack details. 				
4.	<input type="checkbox"/>	LANDSCAPING PLAN: <i>Show location of all existing landscaped areas to remain and proposed landscaped areas to be installed including all plant materials with ht. at planting and mature crown spread of new and existing plants.</i>				
	<input type="checkbox"/>	Landscape Analysis: Amount of landscaping required vs. provided				

		<p align="center">EXAMPLE OF LANDSCAPE ANALYSIS</p> <div style="border: 1px solid black; padding: 10px;"> <p>SUGAR LAND LANDSCAPE REQUIREMENTS CHART:</p> <ol style="list-style-type: none"> 1. FRONT YARD LANDSCAPE REQUIREMENT: 1 TREE FOR EVERY 50 FEET OF FRONTAGE (101.1 LF = 3 TREES REQ'D.) PROVIDED: 3 2. SIDE AND REAR PARKING LANDSCAPE REQUIREMENT: 1 TREE FOR EVERY 50 FEET OF 25% SCREENING AREA (650 LF ALONG PARKING X 25% = 162.5 LF = 4 TREES REQ'D.) PROVIDED: 12 3. INTERIOR PARKING LANDSCAPE REQUIREMENTS: 162 SF TREE PLANTING AREA FOR EACH 20 SPACES (61 SPACES = 4 TREES REQ ' D.) PROVIDED : 8 </div>	<table border="1"> <thead> <tr> <th colspan="4">EXISTING TREE CHART</th> </tr> <tr> <th>ID #</th> <th>CALIPER</th> <th># OF TRUNKS</th> <th>COMMON NAME</th> </tr> </thead> <tbody> <tr><td>1</td><td>4" 5" 6"</td><td>3</td><td>RIVER BIRCH</td></tr> <tr><td>2</td><td>4" 5" 6"</td><td>3</td><td>RIVER BIRCH</td></tr> <tr><td>3</td><td>11"</td><td>1</td><td>OAK</td></tr> <tr><td>4</td><td>12"</td><td>1</td><td>OAK</td></tr> <tr><td>5</td><td>7"</td><td>1</td><td>CYPRESS</td></tr> <tr><td>6</td><td>7"</td><td>1</td><td>CYPRESS</td></tr> <tr><td>7</td><td>7"</td><td>1</td><td>ELM</td></tr> <tr><td>8</td><td>7"</td><td>1</td><td>ELM</td></tr> <tr><td>9</td><td>4" 4" 4"</td><td>3</td><td>RIVER BIRCH</td></tr> <tr><td>10</td><td>7"</td><td>1</td><td>ELM</td></tr> <tr><td>11</td><td>7"</td><td>1</td><td>ELM</td></tr> <tr><td>12</td><td>8"</td><td>1</td><td>ELM</td></tr> <tr><td>13</td><td>4"</td><td>1</td><td>IRONWOOD</td></tr> <tr><td>14</td><td>2.5"</td><td>1</td><td>MAPLE</td></tr> <tr><td>15</td><td>8"</td><td>1</td><td>ELM</td></tr> </tbody> </table>	EXISTING TREE CHART				ID #	CALIPER	# OF TRUNKS	COMMON NAME	1	4" 5" 6"	3	RIVER BIRCH	2	4" 5" 6"	3	RIVER BIRCH	3	11"	1	OAK	4	12"	1	OAK	5	7"	1	CYPRESS	6	7"	1	CYPRESS	7	7"	1	ELM	8	7"	1	ELM	9	4" 4" 4"	3	RIVER BIRCH	10	7"	1	ELM	11	7"	1	ELM	12	8"	1	ELM	13	4"	1	IRONWOOD	14	2.5"	1	MAPLE	15	8"	1	ELM
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<input type="checkbox"/>		<p>Tree Preservation: (Protected Tree= Hardwood tree with minimum caliper of 8" at 4.5' ht.)</p> <ul style="list-style-type: none"> <input type="checkbox"/> All protected trees to be shown <input type="checkbox"/> Trees and plants to be preserved/removed 																																																																					
<input type="checkbox"/>		<p>Front and Street Side Yard Parking Lot Landscaping :</p> <ul style="list-style-type: none"> <input type="checkbox"/> Required Landscape area between parking lot and street <input type="checkbox"/> Required screening between parking lot and street (TYP 3' high continuous hedge, fence or berm; fencing requires a vine or shrub every 10') <input type="checkbox"/> Remainder of front yard contains grass, plants, or ground cover 																																																																					
<input type="checkbox"/>		<p>Side and Rear Yard Landscaping:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Required Landscaped Areas (buffers) <input type="checkbox"/> Required Trees <input type="checkbox"/> Required Ground cover (All areas without improvements) <input type="checkbox"/> Parking Lot Screening (i.e. Shrubs) 																																																																					
<input type="checkbox"/>		<p>Additional Side and Rear Yard Landscaping Requirements when adjacent to Residential:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Standard Zoning Districts: Required 6' Opaque Fence (Abutting premises for single / two family dwellings) from Front Building Line to Rear Lot Line and continuous hedge, fence, or berm: 6' to 8' between parking lot and lot line <input type="checkbox"/> PD Districts: As required in PD 																																																																					
<input type="checkbox"/>		<p>Interior Parking Lot (parking lots of more than 10 spaces)</p> <ul style="list-style-type: none"> <input type="checkbox"/> 162 square ft. of landscape area for each 20 spaces or fraction thereof <input type="checkbox"/> Landscape areas must be 6' from back of curb and contain one tree <input type="checkbox"/> Label square footage of each landscape area 																																																																					
<input type="checkbox"/>		<p>Design Planting Criteria:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Trees (Standard Zoning Districts 7'; PD: as required in PD Ordinance) <input type="checkbox"/> Shrubs (Standard Zoning Districts 2'; PD: as required in PD Ordinance) <input type="checkbox"/> Vines(Standard Zoning Districts 30"; PD: as required in PD Ordinance) <input type="checkbox"/> Ground covers finished appearances within 3 months 																																																																					

<input type="checkbox"/>	Detention and retention basins and ponds landscaped																																																																																																																								
<input type="checkbox"/>	Indigenous and drought resistant plants if not a sprinkling system within 150'																																																																																																																								
<input type="checkbox"/>	Irrigation Plan																																																																																																																								
<input type="checkbox"/>	Site Fencing and Screening: <ul style="list-style-type: none"> <input type="checkbox"/> Indicate type, height, and proposed materials to be used <input type="checkbox"/> All materials, products, or equipment which are stored outside of a completely enclosed building must be screened from view per ordinance 																																																																																																																								
<input type="checkbox"/>	Note: Wire type fencing cannot be utilized for screening purposes. Ex. Plastic weave within a wire fence is not an allowed screening material under current Dev. Code Accessory Structure Screening: <ul style="list-style-type: none"> <input type="checkbox"/> Refuse containers (Solid masonry fence not less than 6' in height) <input type="checkbox"/> Exterior ground-mounted or building-mounted equipment (Screened) 																																																																																																																								
<input type="checkbox"/>	<u>BUILDING ELEVATIONS DRAWINGS:</u>																																																																																																																								
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<input type="checkbox"/>	Maximum height per zoning district indicated																																																																																																																								

<input type="checkbox"/>	Screening of rooftop equipment and storage areas shown (if applicable)
6.	<input type="checkbox"/> <u>PHOTOMETRIC PLAN:</u>
<input type="checkbox"/>	All lights are full cut-off
<input type="checkbox"/>	On Premises zoned R-4, B-O, B-1, B-2, MUC, M-1, or M-2: maximum Vertical Illuminance of 2 footcandles on an adjacent Premises zoned R-1E, R-1R, R-1, HR-1, R-1Z, MUC, R-3, or R-4, or residential area of a PD (measured at 10 feet inside the residential property)
<input type="checkbox"/>	On Premises zoned R-4, B-O, B-1, B-2, MUC, M-1, or M-2: maximum Vertical Illuminance 7.5 footcandles on an adjacent Premises zoned R-4, B-O, B-1, B-2, MUC, M-1, or M-2, or commercial or industrial area of a PD (measured at the property line adjoining a street right-of-way). Exceptions: PD area exempt or when light extends across property line of same zoning district
7.	<input type="checkbox"/> <u>PAVING & DRAINAGE ENGINEERED CIVIL DESIGNS</u>
<input type="checkbox"/>	Drainage calculations for the 2 and 100 year events signed and sealed by a registered professional

		engineer indicating compliance with the City of Sugar Land Design Standards and Fort Bend County Drainage Criteria Manual.
	<input type="checkbox"/>	Overall area and drainage area boundaries, ponding depths, and flow per inlet
	<input type="checkbox"/>	Existing elevations and enough adjoining property elevations to ascertain the general drainage pattern and tie-in methods. Show top of pavement and curb elevations as needed.
	<input type="checkbox"/>	Address any adjoining property drainage issues that may be affected by the proposed improvements. For example, if the adjoining property is affected show how this will be handled.
	<input type="checkbox"/>	Detention pond, if applicable, to be designed by a registered professional engineer and shall be in accordance with the Fort Bend County Drainage Criteria Manual or <i>methodology approved by the City of Sugar Land</i> . Prior to the certificate of occupancy being issued by the City, a signed sealed letter of completion by the engineer is required stating that the private detention and related drainage facilities (if applicable) shall be constructed in accordance with the City approved construction plans and specifications.
	<input type="checkbox"/>	Type of pavement to be used
	<input type="checkbox"/>	Slab elevation
	<input type="checkbox"/>	All paving and drainage plans shall comply with City of Sugar Land Design Standards.
	<input type="checkbox"/>	If easements are required, they shall comply with Chapter 5, Section 5-21 of the Sugar Land Development Code.
	<input type="checkbox"/>	Driveway shall be spaced in accordance with Chapter 5, Article VII of the Sugar Land Development Code.
	<input type="checkbox"/>	Improvements shall comply with Chapter 8 and 11 of the Sugar Land Development Code and Ordinance No. 1661
8.	<input type="checkbox"/>	<u>WATER, STORMWATER AND SANITARY SEWER ENGINEERED CIVIL DESIGNS</u>
	<input type="checkbox"/>	Overall system is shown and meets all City of Sugar Land Design Standards.
	<input type="checkbox"/>	Provide Plan and Profile drawings for all utilities.
	<input type="checkbox"/>	Show clearance between all utilities.
	<input type="checkbox"/>	Call out minimum depths of cover.
	<input type="checkbox"/>	Size and location of proposed and existing water lines and fire hydrants. Show the meter vault easement if needed. Bold line for proposed and lighter lines for existing.
	<input type="checkbox"/>	Size, type, and slope of pipe and connection to public system. (<i>The actual connection to the public system must comply with the City of Sugar Land Design Standards</i>).
	<input type="checkbox"/>	Storm sewer lines, manholes and inlets existing and proposed. Show proposed lines bolder than existing and label as well.
	<input type="checkbox"/>	Size, type, and grade of the sanitary sewer lines and any existing and proposed manholes.
	<input type="checkbox"/>	Notify the City minimum 48 hours prior to connecting to public infrastructure
	<input type="checkbox"/>	All public water and sanitary sewer, or connections to public utilities must comply with all City of Sugar Land Design Standards; <i>The actual connection to the public system must comply with the City of Sugar Land Design Standards and approved projects lists</i> .
	<input type="checkbox"/>	Include all applicable City of Sugar Land Design Standards Detail that pertain to connections to public utilities.
	<input type="checkbox"/>	Show the location of the irrigation meter.
	<input type="checkbox"/>	Show and label the fire line, if required.
	<input type="checkbox"/>	All water main intersections shall have a minimum of one (1) less valve than the number of water mains at the intersection.
	<input type="checkbox"/>	The minimum commercial sanitary sewer services lead shall be a minimum 6" pipe or larger and shall not serve more than one commercial connection. In addition, the connection shall be made at a manhole by coring method.
	<input type="checkbox"/>	All water and sanitary sewer plans shall comply with the City of Sugar Land Design Standards.
	<input type="checkbox"/>	Show all water service connections.

	<input type="checkbox"/>	Call out all valve types.
9.	<input type="checkbox"/>	EROSION CONTROL PLAN
	<input type="checkbox"/>	Storm Water Pollution Control Plan
10.	<input type="checkbox"/>	ADDITIONAL ITEMS
	<input type="checkbox"/>	Benchmarks and Current Flood Classifications used are noted on plans.
	<input type="checkbox"/>	All construction items used are on the City's pre-approved products list.

Disclaimer:

Site plan packages are required to comply with all applicable Development Code & Design Standard regulations regardless of whether said regulations are found on this checklist.



**SITE PLAN PACKAGE
APPLICATION (TOWNHOMES)**

FOR OFFICE USE

(Rev. 1/1/17)

Accounting Code: SI

2017 Fee: \$619.00

Fee Required _____

Case No. _____ - _____

**Return Your Submittal Monday from 8am- 3pm To Development Planning (Attn: Development Review Coordinator)
Sugar Land City Hall, 2700 Town Center Blvd. North, Sugar Land, TX 77479, Phone#: (281) 275-2218**

Townhomes Site Plan Package Submittal Requirements

- **Six (6)** copies of the completed application
- Submittal Fee
- Land Disturbance Permit Application and Fee: \$101.25 (if Property is Greater than one (1) acre)
- **Six (6)** 24 X 36 Site Plan Packages That **Include:**
 - ☐ Cover Sheet
 - ☐ Overall Site Plan
 - ☐ Recorded Plat Or Plat In Review Process
 - ☐ Building Elevations
 - ☐ Copy of an approved Public Infrastructure Construction Plans for Paving & Drainage and Water & Sanitary Sewer Engineered Civil Designs
 - ☐ City of Sugar Land Engineering Standard Construction Detail Drawings
 - ☐ Landscaping Plan, Irrigation Plan, & Tree Survey
 - ☐ Photometric Plan for Exterior Lighting (if separate parking area included)
 - ☐ Storm Water Pollution Prevention Plan (SWPPP), in accordance with Texas Commission of Environmental Quality (TCEQ) Standards
- PDF copy of Site Plan Submittal
- Three (3) Copy of Each of the Following:
 - ☐ Notification Letter to Applicable Property Owners' Association
 - ☐ No objection/ approval letters from Applicable:
 - Municipal Utility District
 - Levee Improvement District
 - ☐ New Water Meter Connection
 - ☐ Traffic Impact Analysis (TIA) Threshold Worksheet
 - ☐ Water And Wastewater Equivalent Connections

ALL FIELDS MUST BE COMPLETED.

PROJECT NAME _____

Project Location: ☐ City Limits (Zoning: _____) ☐ ETJ

Address/ Description of Location _____

Proposed Use _____

Property Acreage _____ Square Feet of Structure(s) _____

CONTACT INFORMATION

Project Representative: ☐ Architect ☐ Engineer ☐ Other: _____

Contact Person _____

Company _____

Phone _____ Email _____

This project ☐ DOES ☐ DOES NOT lie within the authority of a HOA/POA

If it does, you must provide a copy of notification letter sent to the HOA/POA

If it does not, your signature below will certify that no HOA/POA authority exists on the property.

This is to certify that the information on this form is COMPLETE, TRUE and CORRECT and the undersigned is authorized to make this application. I understand that this application will expire one year from the date of submittal if the Planning Department has not received a revised submittal.

X _____
Project Representative's Signature _____ Date _____

Property Owner (Please Note - the *current* Property Owner's Information Must be provided):

Name _____

Company _____

Phone _____ Email _____

Property Owner's Authorization (May be submitted under separate cover on company letterhead):

I am the owner of the property for which this Site Plan application is being made. I authorize

_____ (Project Representative) *to submit this application and to correspond with the City of Sugar Land regarding this application on my behalf.*

X _____
Property Owner's Signature (Required) _____ Date _____

Please provide contact information for additional project contacts, as applicable (Optional):

Additional Contact: ☐ Architect ☐ Engineer ☐ Other: _____

Contact Person _____

Company _____

Phone _____ Email _____

Additional Contact: ☐ Architect ☐ Engineer ☐ Other: _____

Contact Person _____

Company _____

Phone _____ Email _____



RETURN YOUR SUBMITTAL TO THE ENGINEERING DEPARTMENT
(Attn: Development Review Coordinator)

Case No. _____ - _____

SPECIAL CONDITIONS AND /OR COMMENTS:[illegible]



CITY OF SUGAR LAND

LAND DISTURBANCE PERMIT

SUBMITTAL REQUIREMENTS:

- **TWO (2)** Completed Permits
- **SUBMITTAL FEES:**
 - City –\$101.25
- **THREE (3) 24 X 36 PRINTS THAT INCLUDE:**
 - Engineering Civil design drawings (must be signed & sealed by a Professional Engineer) Including Plat/Site Plan, Grading, Drainage and Erosion Control Plan.
 - One copy of TCEQ Construction General Permit.
- One copy of TCEQ Construction Site Notice.
- Permit applies to the following sites:
 - c. One acre or more of land
 - d. Less than one acre of land that is part of a larger common plan of development or sale that will result in disturbance of one or more acres.
- No land disturbance activities shall begin until a pre-construction meeting has been conducted with the Engineering Department.
- All works performed within City right-of –way (ROW) shall obtain a ROW Permit issued from the Public Works Department.
- This permit and accompanying construction plans shall remain at the job site at all times.
- Applicant agrees that dirt, mud, debris, materials, etc., deposited in the street right-of-way shall be cleaned/removed to the satisfaction of the City Engineer or his/her designee on a regular basis or as needed.
- Owner acknowledges that a maintenance plan will be developed for post-construction storm water controls and that maintenance will be conducted accordingly. A copy of the Fort Bend County recorded maintenance plan and documentation of maintenance activities will be available upon request and maintained on the property at all times For more information please see document *Post-Construction Storm Water Site Management Acknowledgment and Inspection Form*.

By signing below, I (the Owner) acknowledge and agree that the work as described herein shall conform to all local, state and federal laws as well as local ordinances whether specified or not. The granting of this permit does not give authority to violate or cancel the provisions of any site or local law regulating the type of work being performed.

X _____

Signature of Owner

Date

Printed Name: _____

Phone _____

Office Use:

Circle One

Approved / Denied

By:

Signature

Title

Printed Name: _____



Phone #: _____

Property Owner's Address: _____ Phone #: _____

Site Name/Address:_____

TPDES Permit Number:_____

Date:_____

POND FACILITIES

Y N NE 21. Landscaping Maintenance?
Y N NE 22. Removal of Sedimentation?
Y N NE 23. Removal of Debris?
Y N NE 24. Repair Side Slopes/Erosion?
Y N NE 25. Repair Rip-Rap Protection?
Y N NE 26. Repair Control Structure?
Y N NE 27. Cleaning of Outfall?
Y N NE 28. Cleaning of Spillway?
Y N NE 29. Removal of Floatable Debris?
Y N NE 30. Maintenance of Inlets?
Y N NE 31. Maintenance of Outlets?
Y N NE 32. Maintenance of Pumps and Electrical Equipment?
Y N NE 33. Maintenance of Dams, Berms, and Levees?

Comments:

Summary of Actions:

ALL DEFICIENCIES AND NON-COMPLIANCE ITEMS MUST BE CORRECTED WITHIN 90 DAYS OF REPORT DATE.

INSPECTOR'S PRINTED NAME/DATE

INSPECTOR SIGNATURE of LICENSED
PROFESSIONAL ENGINEER

LICENSED PROFESSIONAL ENGINEER STAMP

CONTACT INFORMATION:

City of Sugar Land
Environmental Manager
Environmental and Neighborhood Services
(Email) stormwater@sugarlandtx.gov
P.O. Box 110
Sugar Land, TX 77487-0110
(281) 275-2450 (Main) (281) 275-2465 (Fax)

FOR OFFICE USE ONLY

Date Received:_____

Reviewed by:_____

Status:_____



POST-CONSTRUCTION STORM WATER SITE MANAGEMENT ACKNOWLEDGEMENT AND INSPECTION (Page 1)

1. PURPOSE

- a. Owner/Operator must perform adequate maintenance to ensure the proper intended operation of different structural or non-structural control measures. Ordinance 2037, passed on 12/01/15, states that any site that is developed or redeveloped and disturbs one acre or more is required to develop and implement a maintenance plan that addresses post-construction maintenance requirements for any structural or non-structural control measures installed on site.
- b. Develop standard procedures for completing annual post-construction inspections of storm water properties to ensure that the Post-Construction Storm Water Maintenance Plan is followed and pollutants are contained and managed. Annual is defined as calendar year.
- c. Maintain log of post-construction maintenance and inspections of different structural or non-structural control measures performed on behalf of the property owner who disturbs one acre or more, or that disturb less than one acre that are part of a larger common plan of development or sale. Maintain records for five years and must be readily available for inspection.

2. SUBMISSION OF POST-CONSTRUCTION MAINTENANCE PLAN

The Maintenance Plan must be submitted to Permits and approved by the City of Sugar Land Environmental Manager on or before the date that:

- a. The City issues a certificate of occupancy, required as part of the development or redevelopment of the site, or, b. Substantial completion of the new development or redevelopment of the site if no certificate of occupancy is required as part of the development or redevelopment of the site.
- c. Maintenance plan, once approved, must be filed and recorded by the Owner or Operator in the real property records of Fort Bend County.
- d. A copy of the Fort Bend County recorded Post-Construction Maintenance Plan must be on the property at all times.

3. POST-CONSTRUCTION INSPECTION

Must be completed by a licensed professional engineer registered in the State of Texas.

- a. Conduct annual post-construction inspections and submit inspection form and if applicable, supporting documents and photographs, of Post-Construction Inspection to the City of Sugar Land Environmental Manager via email stormwater@sugarlandtx.gov.
- b. Annual post-construction inspections reports are due by January 30th every year.
- c. A licensed professional engineer registered in the State of Texas is responsible for performing post-construction inspections and documentation.
- d. Evaluate the site and document inspection findings using the Post-Construction Inspection Form.
- e. Communicate with owner/manager regarding any noncompliance items.
- f. Deficiencies must be addressed within 90 days or are subject to a fine not more than \$2,000 for each offense per day.



POST-CONSTRUCTION STORM WATER SITE MANAGEMENT ACKNOWLEDGEMENT AND INSPECTION (Page 2)

By signing below, I (the Owner) acknowledge and agree that the work as described herein shall conform to all local, state and federal laws as well as local ordinances whether specified or not. The granting of this permit does not give authority to violate or cancel the provisions of any site or local law regulating the type of work being performed.

X _____
SIGNATURE OF OWNER DATE

Printed Name: _____ Phone: _____

TPDES Construction Permit Number: _____

Address of Property: _____

Owner's Mailing Address: _____

Email Address: _____

CONTACT INFORMATION:

City of Sugar Land
Environmental Manager
Environmental and Neighborhood Services

P.O Box 110
Sugar Land, TX 77487-0110
(Main) (281) 275-2450 (Fax) (281) 275-2465
(Email) stormwater@sugarlandtx.gov

City of Sugar Land- Application for New Meter Utility Service:

Please Print

Application is required prior to tapping the city water main. Monthly billing will commence upon meter installation. Please complete and deliver this form along with appropriate fee (see attached fee price list) to City of Sugar Land Treasury Management Department, 2700 Town Center Blvd North, Sugar Land, TX 77479 during business hours (M-F 8am – 5pm).

Type of Facility: _____ Residential OR _____ Commercial
(Check One)

Meter to be used for: _____ Irrigation only OR _____ Facility/Building
(Check One)

Project (if applicable): _____

Service Address: _____

Subdivision: _____

Legal Description: _____

Meter Size: _____ Sewer Line Size: 4" _____ 6" _____ 8" _____
(Check One)

Applicant Name: _____ Phone: _____ Alternate Phone: _____

Mailing Address: _____

City: _____ Zip Code: _____

Contact Person: _____

Email address: _____

For residents only: ☐ I request that my personal utility account information be kept confidential.

^a I understand that a \$50 deposit for residential meters, \$70 deposit for commercial meters, or a \$100 deposit for landscape meters will be billed to my account unless a letter of reference is provided at the time of application. Letter of reference must be from another utility company and indicate no outstanding balance and no disconnections for non-payment during the last 12 consecutive billing cycles.

Signature: _____ Date: _____

Field Crew: Please provide the following information when the meter is connected to the main:

Meter Make: _____

Meter Size: _____

Meter Number: _____

Meter Reading: _____

Date: _____

Treasury Management Department Receipt

	Building Meter Amount Paid (If applicable)	Irrigation Meter Amount Paid (if applicable)	
Meter Set:	_____	_____	Address: _____
Meter Tap:	_____	_____	Account #: _____
Sewer Tap:	_____	_____	Customer: _____
Total Paid:	_____	_____	Rec'd by: _____ Date: _____



INDUSTRIAL PRETREATMENT QUESTIONNAIRE

PLEASE COMPLETE THIS FORM AND RETURN TO:

Public Works
City of Sugar Land
P.O. Box 110
Sugar Land, TX 77487-0110

Please answer the following:

1. Name of Business: _____ Telephone: _____
 2. Location: _____
Mailing Address: _____
 3. Owner: _____
 4. Type of Business: _____
 5. On-site processes: _____
 6. Water Customer Account Number: _____
 7. Federal SIC number: _____
 8. Waste process: _____
 9. Major Chemicals Used: (soaps, detergents, caustics, solvents, acids, metal salts, cyanides)

 10. Water Source (check): City _____ Metered _____ Private Well _____ Unmetered _____
 11. Method of Wastewater Disposal: (Check all that apply.)
City Sewer _____ Septic Tank _____ Haul _____ Other _____
 12. Wastewater estimated to be discharged in sewer system on operating days:
Maximum _____ GPD Minimum _____ GPD Average _____ GPD
Check One: Domestic _____ Industrial _____ Both _____
 13. Volume of Grease Trap: _____ Volume of Sand Trap: _____
Water Volume of Settling Tank: _____ gallons
- Other: (Describe) _____
- Serviced By: _____ Telephone: _____

Address:_____ Frequency:_____

14.

Other Wastes:

Are there any liquid wastes generated and disposed of in the sewer system? Yes____ No____

If yes, these wastes may be best described as:

_____ Inks/Dyes	_____ Paints
_____ Trace Metals	_____ Pesticides
_____ Oil and Grease	_____ Plating Wastes
_____ Organic Compounds	_____ Solvent Thinners
_____ Acids or Alkalies	_____ Pretreatment Sludge
_____ Other Wastes: (Describe)	

Are there any liquid wastes or sludge disposed of by other means? Yes____ No____

If yes, describe:_____

For the aforesaid wastes, does your company practice:

_____ On-Site Storage
_____ On-Site Disposal
_____ Off-Site Disposal

Services By:_____ Telephone:_____

Address:_____ Frequency:_____

I have personally examined and I am familiar with the information submitted in this document and attachments. Based upon by inquiry of those individuals immediately responsible for obtaining the information reported herein, I believe that the submitted information is true, accurate and complete.

Signature of Official:_____

Please Print Name: _____

Title:_____

Date:_____



WATER AND WASTEWATER EQUIVALENT CONNECTIONS

Project Name:		
Address:		City, State, Zip:
Legal Description:		
Previous/Current Use:	Proposed Use: <i>(Refer to the backside for this form)</i>	Unit of Measure:
Owner's Name:	Address:	City, State, Zip:
Owner's Contact Person:	Telephone: E-mail Address:	Fax:
Builder's Name:	Address:	City, State, Zip:
Builder's Contact Person:	Telephone: E-mail Address:	Fax:
Square Footage	SANITARY SEWER Lead Size	Water Meter Size (Inches)

I HEREBY CERTIFY THAT THE DATA PRESENTED ABOVE IS COMPLETE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.

Printed Name

Owner, Builder or Agent (Signature)

Telephone

Date

DEPARTMENT USE ONLY (DO NOT WRITE BELOW THIS LINE)

SERVICE AREA NO.: _____

TOTAL FLOW

DIVIDED BY 315 GPD =

TOTAL EQUIVALENT CONNECTIONS

COMPUTED BY:

DATE: _____

cc: Revenue Officer (Original)
Owner/Builder
Engineering Department

STANDARD SANITARY SEWER USAGE CATEGORIES

Circle the item that most accurately defines your business and fill in the quantity

	<u>INTENDED/PREVIOUS USE:</u>	<u>UNIT OF MEASURE</u>		<u>INTENDED/PREVIOUS USE:</u>	<u>UNIT OF MEASURE</u>
A)	Residential Development			Cleaning Development (con't)	
	1. Single Family Residential	# of Units _____		reclaim (wand type)	# Bays _____
	2. Townhouse/Patio/Cluster Homes	# of Units _____		c. Commercial w/o reclaim	# of Bays _____
	3. Duplex/Triplex	# of Units _____		(tunnel type)	# of Bays _____
	4. Fourplex	# of Units _____		d. Commercial w/ reclaim	# of Bays _____
	5. Condominium	# of Units _____		(tunnel type)	# of Bays _____
	6. Apartment with Washer/Dryer	# of Units _____			
B)	Institutional Development			G) Recreational Development	
	1. Church			1. Theater Indoor	# of Seats _____
	a. Sanctuary	# of Seats _____		2. Skating Rink	# Capita _____
	b. Administration Building	# Personnel _____		3. Bowling Alley	# of Lanes _____
	c. Day School Classroom	# Students _____		4. Swimming Pool	# of Swimmers _____
	2. School			5. Stadium	# of Seats _____
	a. Unspecified	# Students _____		6. Health Club/Spa w/Swimming Pool	# Member/Day _____
	b. Elementary	# Students _____		and/or whirlpool	# Member/Day _____
	c. Day Care Center	# Students _____		7. Health Club/Spa w/o	# Member/Day _____
	d. Residential	# Students _____		Swimming Pool and/or whirlpool	# of Courts _____
	e. Dormitory	# Students _____		8. Racquetball Club	
	3. Hospital	# of Beds _____		H) Service Station Development	
	4. Nursing Home	# of Beds _____		1. Station w/service (maximum of	# of Islands _____
	5. Prison	# Inmates _____		1000 GPD if no car wash)	#Sq. Ft. _____
C)	Office/Retail Development			2. Self Service Station	
	1. Office Building	# Sq. Ft. _____		I) Hotel/Motel Development	
	2. Retail Store	# Sq. Ft. _____		1. Hotel/Motel (excluding restaurant)	# of Rooms _____
D)	Restaurant Development			2. Hotel/Motel (w/kitchenettes)	# of Rooms _____
	1. Average Full Service 10-12 Hours	# of Seats _____		J) Industrial Development	
	2. Twenty Four (24) Hour Full Service	# of Seats _____		1. Warehouse	# Sq. Ft. _____
	3. Tavern or Lounge (No Food Service)	# of Seats _____		2. Factory w/shower	# Capita _____
	4. Soda Fountain (Ice Cream Parlor)	# of Seats _____		3. Factory w/o shower	# Capita _____
	5. Fast Food Paper Plate Service	# of Seats _____		4. Factory Residential	# Capita _____
	6. Bakery	# Sq. Ft. _____		5. Industrial Laundry	# Sq. Ft. _____
	7. Pizza Parlor	# of Seats _____		6. Clothes or Manufacturing	
	8. Fast Food (No Seating)	# Sq. Ft. _____		K) Transportation Terminal Development	
E)	Barber/Beauty Shop	# Shampoo Bowls _____		1. Transportation Terminal	# Passenger _____
F)	Cleaning Development			(excluding restaurants)	
	1. Washeteria (Based on 50 G/Wash and			L) Other	
	10Washes/day)	# Machines _____		1. Film Processor	# Processor _____
	2. Carwash			2. Fire Station	# Personnel _____
	a. Individual Bay, self service			3. Funeral Homes	# Personnel _____
	w/o reclaim (wand type)	# Bays _____		4. Technicolor One Hour Photo	# of Stores _____
	c. Individual Bay, self-service with			5. Irrigation	gal/yr _____
				M) Not listed - call (281) 275-2780	

City of Sugar Land
Traffic Impact Analysis (TIA) Threshold Worksheet

Complete this form as an aid to determine if your project requires a Traffic Impact Analysis.

Project Name: _____

Location: _____

Applicant/Contact: _____

Contact Phone Number: _____ Contact Email: _____

Application Type (check one):

_____ Zoning (CUP/PD) _____ Site Plan _____ Plat _____ Other: _____

Anticipated Land Use	Units*	ITE Code	ITE Trip Rates / Trips Generated			
			Daily Total	AM Peak Hour	PM Peak Hour	Weekend Peak Hour
			/	/	/	/
			/	/	/	/
			/	/	/	/

* Units should be based on what is used for the trip generation rate (ie. Gross Floor Area, Acreage, etc), be sure to specify in the box.

All Trips generated should be based on the latest edition of the ITE Trip Generation Manual.

All thresholds to determine when a TIA is necessary are contained in the City of Sugar Land's **Traffic Impact Analysis Guidelines** which is available on the City website www.sugarlandtx.gov. Go to the Engineering Department then click on Design Standards.

Applicant's Signature: _____

Date: _____